

METH

Our Nation's Crisis

• TOOLKIT FOR CHANGE •

A METH PRIMER

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About Meth: Our Nation's Crisis—Toolkit for Change

The content that follows contains the latest information about methamphetamine (meth). This material can help individual communities create a comprehensive campaign against meth.

This guide is part of a larger toolkit, *Meth: Our Nation's Crisis*, a comprehensive CD/DVD. The CD offers 170 pages of printer-friendly material including a *Meth Primer*, *Campaign Resources*, *Meth Resource Directory*, and five action guides for community leaders, schools, parents, employers, and health care professionals. The DVD presents three meth-prevention videos—*Meth: Shadow Across America*, *Life After Meth*, and *Walking on Thin Ice*.

To order the *Meth: Our Nation's Crisis* CD/DVD (Order # 2395), log on to www.hazelden.org/bookstore or call 800-328-9000 for more information.

About Hazelden Publishing and Educational Services

Hazelden Publishing and Educational Services is a division of the Hazelden Foundation, which pioneered the model of care for alcoholism and other drug addiction that is now the most widely used in the world. Today, with more than fifty years of experience and an unparalleled breadth of services, Hazelden is an international provider of treatment, research, education, training, and publishing. Visit www.hazelden.org for further information about Hazelden resources.

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A METH PRIMER

Meth: Get the Facts

Highly addictive and relatively easy to produce, methamphetamine (meth) has become one of the United States' most prevalent illegally manufactured drugs. How can communities combat this trend? This primer offers facts about meth and its users, its human and environmental costs, and the good news: recovery is possible.

What Is Meth?

Methamphetamine is a synthetic stimulant with a high potential for abuse and addiction. Illegally produced meth appears as a white, odorless, bitter-tasting crystalline powder that dissolves easily in water or alcohol and can be swallowed, snorted, injected, or smoked. Methamphetamine hydrochloride, the crystallized form of the drug, can be inhaled by smoking and is often called “ice,” “crystal,” or “glass” because its clear, chunky crystals look like those substances. The names for meth in pill form include “uppers” and “black beauties.” Other slang terms for meth include “speed,” “tweak,” “go-fast,” “crank,” and “tina.”

Methamphetamine was first synthesized in Japan in 1893 and was later used in nasal decongestants and inhalers. During World

War II, pilots used meth to increase their endurance on long missions. Starting in the 1950s, legally manufactured tablets of both dextroamphetamine (Dexedrine) and methamphetamine (Methedrine) were prescribed in the United States for weight control and depression. These tablets eventually became readily available and were used non-medically, primarily by college students, truck drivers, and athletes, to boost energy and stamina. More recently, illegally produced meth has spurred a growing trend of addiction nationwide.

Why Is Meth Our Nation's Most Serious Drug Problem?

Meth use has a severe and costly impact on users' health and lives, the environment, and the crime rate in communities. Communities suffer when the drug devastates the lives of users—students, parents,

“If you saw meth on a kitchen counter—often a dirty-looking crystalline powder—you might mistake it for crumbs and just sweep it into the trash. Or you might kill for it. People on meth do crazy things.”

— Dirk Johnson, *Meth: The Home-Cooked Menace*

businesspeople, laborers—everyday people who become quickly addicted. Straight-A students will steal from their parents to get meth. Small meth labs cause expensive and long-term environmental damage. Children who live in households where meth is cooked or used are often endangered, hungry, and neglected. Meth is accessible—it's often cheaper to buy than cocaine, and it can be made from household items. This is why a July 2005 report by the National Association of Counties called it our nation's most serious drug problem.¹

Meth Is Highly Addictive

Meth is extremely addictive because it enhances the user's mood and physical energy by releasing high levels of the neurotransmitter dopamine in the brain. Immediately after taking meth, users experience an intense, euphoric "rush," followed by eight to twelve hours of high-energy behavior, during which they may not eat or sleep.

Because meth is so addictive, it takes over users' lives as they pursue incredible highs that are followed by overwhelming crashes—and then they desperately attempt to regain the high. Experts say it's not uncommon for users to commit crimes that are out of character, such as stealing from family and friends, to get money for meth.

Meth Destroys Users' Health

Meth appears to have a neurotoxic effect, damaging brain cells that contain the neurotransmitters dopamine and serotonin. In the short term, meth causes mind and mood changes, such as anxiety and depression, increased heart rate and blood pressure, and it can cause strokes. Meth users can also suffer respiratory problems, irregular heart-beat, extreme anorexia, cardiovascular collapse, and death. Long-term effects can include chronic fatigue, paranoid or delusional thinking, tooth loss, malnutrition, skin disorders, and ulcers and diseases resulting from vitamin deficiencies.



In November 2005, ABC News reported the story of a high school student from a small Minnesota town who took her first snort of meth when she was fifteen. She said it was the most incredible experience of her life. It allowed her to stay up all night working on a math project. She says that the "Just say no" messages aimed at teens don't always work.²



Myth:

Many users think of meth as safer, longer lasting, and easier to buy than cocaine.

Truth:

Meth is made from products like battery acid, drain cleaner, lye, antifreeze, and other toxins. Users can suffer heart attacks, strokes, or serious brain damage.

Injecting meth is also linked to increased transmission of infectious diseases, especially hepatitis and HIV/AIDS.

Meth Is Cheap and Easy to Manufacture

Meth is “cooked” from products and medications that are commonly found on the shelves of farm supply, grocery, drug, and hardware stores. Because meth is easy to manufacture, more available, more addictive, and less expensive than other illegal drugs like cocaine or heroin, experts predict that meth use will only increase without intervention at the community, state, and federal levels.

Toxic Meth Labs Dot America’s Rural Landscape

The manufacture and distribution of meth was once guarded and controlled—often by Mexican drug traffickers. With the advent of the Internet, however, the recipe for making meth spread, and small “meth labs” began to dot the landscape, often in rural communities where their presence may go unnoticed.

Many people assume that meth is a greater problem in larger cities than in rural areas, but the opposite is true. Small clandestine labs are often found in trailers, hotel rooms, or ordinary homes. Meth is devastating to these small communities: toxic lab waste damages the environment, crime rates rise, and children living in labs are grossly neglected. Such communities lack the financial resources to handle the cleanup and the aftermath. Meth-related expenses eat up large portions of their budgets at the expense of other needs.

While the total number of meth labs reported to the National Clandestine Laboratory Database decreased from 1999 to

2004, there has been a dramatic increase in the number of small meth labs found in the Midwest during that same period. In 2003, more than 500 labs were found in Minnesota, mostly in rural or semirural areas. Missouri led the nation with over 1,000 meth lab seizures in 2003. And the number of labs seized in Arkansas, Oklahoma, and Tennessee tripled between 2000 and 2003.⁴ Lab incidents also increased in Illinois, Michigan, Ohio, and Pennsylvania. The federal Drug Enforcement Administration (DEA) reports that meth has been the most prevalent illegally manufactured controlled substance in the United States since 1979.⁵

Meth Labs Endanger Our Children

Smaller meth labs often have the tragic result of endangering children. The number of children affected by meth labs in the United States has almost tripled from 2000 to 2003. In fiscal year 2003, more than 3,400 children were directly affected by the manufacture of meth; 44 were reported injured and 3 children were killed in lab-related incidents. Since 2000, more than 15,000 children in the United States have been affected by meth labs and related incidents.

If you think of meth as primarily a West Coast problem, consider this startling fact: in 2004, more clandestine lab incidents were reported in Iowa (1,432) and Illinois (1,129) than in California (785).³

Being around meth endangers children in many ways. In meth lab raids in 2003, nearly 1,300 incidents involved a child exposed to toxic chemicals.⁶ You don't have to be a meth user to absorb its toxins—living near its production or inhaling its smoke will also cause it to enter a person's bloodstream. And because children have smaller bodies and higher rates of metabolism and respiration than adults, they absorb higher levels of the toxic meth-lab chemicals. The explosive ingredients used to make meth also put children at risk for chemical burns and respiratory damage from fires.

The living conditions of a home used for the production of meth or inhabited by meth users also endanger children. The homes are frequently filthy, and the parents are consumed with the process of cooking meth and thus neglect their children. Children's play, sleep, and eating areas may be infested with rodents and insects. Rotten food, animal feces, used needles, and garbage piled on floors and counters are often found by law enforcement officers in homes used for producing meth. First responders say they can never fully prepare themselves for the shock of finding young children who haven't eaten, bathed, or been loved by a sober parent in days or weeks. They describe finding malnourished, frightened, and neglected children with respiratory problems, liver damage, injuries, or other problems. Initially, the children must be held with rubber gloves because their skin and clothing are extremely toxic.

Signs of a Meth Lab

Drug dealing or methamphetamine manufacturing is not always easy to detect. However, a combination of the following may be reason for concern:

- Frequent visitors come and go at odd hours of the day and night.
- Occupants appear unemployed but have plenty of money and pay bills with cash.
- Occupants are unfriendly and appear secretive.
- Occupants watch cars suspiciously when they drive by.
- Windows are blackened or curtains are always drawn.
- The home is equipped with extensive security, or signs indicate "Private Property" or "Beware of Dog."
- The residence produces *lots* of trash—things like gasoline cans, antifreeze, camping fuel, blister packs, tubing, muriatic acid, lye, kitty litter, drain cleaner, batteries, anhydrous ammonia, and coffee filters.
- *Strong* chemical odors come from the house, garage, or detached buildings.
- Burn spots or dead spots are visible on the lawn.

If you suspect a meth lab:

- **DO NOT** confront a person on meth—he or she can be aggressive and dangerous.
- **DO NOT** enter a suspected meth lab—they are dangerous, toxic, and explosive.
- **REPORT** your suspicions to law enforcement.

Community Residents Don't Know the Truth about Meth

Meth use has spread across the United States and is now reaching a new generation unfamiliar with the lethal, addictive nature of the drug. Preventative action at the state and community levels is essential to stopping this growth. Parents, teachers, and community leaders can take a stand against this drug so meth will not become the drug of choice for this new generation. The number of first-time meth users is growing. Between 2002 and 2004, the number of new meth users hovered at around 300,000 a year. But in 2004, it rose to 318,000, and experts speculate the number of new meth users will continue to rise without education and intervention.⁷

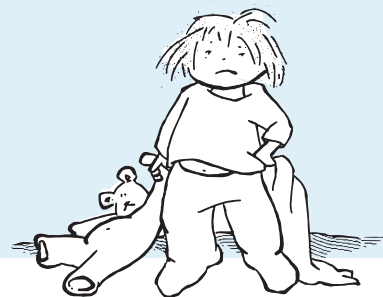
Toxic Meth-Lab Waste Destroys the Environment

While overall meth use in the United States is slowly declining on a national level, small meth labs continue to threaten communities and strain local law enforcement resources in affected regions. Every pound of “cooked” meth produces five to six pounds of toxic waste that often contaminates surrounding buildings, groundwater, wells, land, and air. Very often lab operators illegally dump cooked meth waste into septic systems or streams or into the plumbing at hotels or rental homes. Many of these solvents can remain in the soil and groundwater for years. The mixture of toxic chemicals used to make meth can damage the central nervous system, liver, and kidneys and burn or irritate the skin, eyes, nose, and throat, or even cause death on contact, according to the 2004 *National Synthetic Drugs Action Plan*. One-third of the chemicals used to make meth are so toxic and volatile that a lab cleanup often requires bringing in professionals trained in handling hazardous materials.



The High Cost to Children

In 2003, a baby from Catoosa, Georgia, died from burns he received when the meth lab where he lived exploded. The baby's parents were making meth in their garage apartment. When the fire broke out, the parents escaped and then realized they had forgotten their baby. By the time the baby was rescued, he had burns on over 30 percent of his body. His parents fled the area before the baby's funeral and burial and were later arrested buying more chemicals to make meth.



Who Are Meth Users?

Meth produces an intense euphoria. Yet some users initially take the drug to cope with working long hours—they hear that it will boost their energy and productivity. Meth may also be used for weight loss and to help men increase their sexual endurance.

How many people have used meth? In the United States in 2004, an estimated 12 million people—4.9 percent of all Americans twelve or older—had tried it at least once. About 1.4 million (0.6 percent) had used it in the past year, and 600,000 (0.2 percent) in the past month. Although meth use is spreading eastward, it is still somewhat regionally concentrated in the West, Midwest, and parts of the South.

Adult Meth Use Is Increasing

Today, more adults than adolescents are using meth. The 2004 *National Synthetic Drugs Action Plan* reported that meth use in the United States has been rising among adults and declining among adolescents for several years. The average age of new users in 2004 was 22.1 years.⁸

Why is adult use rising? Some researchers say that meth is commonly seen as harmless, like espresso coffee for the working class. Others say in rural areas it's considered the "poor man's cocaine" because the cost per

gram is similar, but the longer-lasting effects of meth give it a reputation as a cheaper high. For example, Colorado officials found that in the state's rural areas the drug is used predominantly by white, working-class men and women between the ages of twenty and forty-five.⁹

Meth use is also increasing among men who have sex with other men. In many gay clubs found throughout New York City and elsewhere, methamphetamine is often used in an injectable form, placing users and their partners at risk for transmission of HIV, hepatitis C, and other sexually transmitted diseases.¹⁰

Teen Meth Use

The good news is that community action is working to reduce teen meth use. According to a 2004 study, the rate of past-year meth use in teens dropped between 1999 and 2003 from 4.7 percent to 3.2 percent among twelfth graders, from 4.6 to 3.3 percent among tenth graders, and from 3.2 percent to 2.5 percent among eighth graders.

Yet despite this decrease, continuing drug education is needed because as adolescents become more exposed to illegal drugs, they often become more callous to their dangers. In 2004, slightly more than half (52.4 percent) of twelfth graders were aware that taking crystal meth once or twice was a "great risk," according to the same study.¹¹

While teen use may be dropping overall, many of the teens who do try meth quickly become addicted—with all of the resulting consequences of addiction. Honor roll students flunk out of school and teens with clean records start stealing from friends and

***"In these homes, nobody's in charge
but meth . . . Children in meth-fueled
homes live in an insane asylum—and
the inmates really are in charge."***

— Dirk Johnson, *Meth: The Home-Cooked Menace*

family to fuel their addiction. We need look no further than the weekly news to be reminded of how severely this drug is affecting our teens nationwide. Many teenagers think of meth as safer, longer lasting, and easier to buy than cocaine. It's not uncommon for fourteen- and fifteen-year-olds to be caught using and selling the drug.

What Does Meth Cost Communities?

Communities affected by meth pay a high price. In Roy, Washington, for example, a Community Action Team group found that approximately 45 percent of meth's economic damage—burglary, vandalism, theft, and environmental pollution—is borne by the community of the user. Communities are left paying for

- treatment for users so that they can function in society again
- meth lab investigation by law enforcement
- lab cleanup costs
- increased crime
- care for meth-endangered children

Meth Lab Cleanups Cost Millions

Meth lab cleanups alone cost taxpayers millions each year. Cleanups can require the fire department, a hazardous materials team, and a specially trained team of meth technicians. Initial cleanups include removing the chemicals and leftover cooking equipment. DEA-funded initial cleanups average approximately \$1,900 each nationwide. These costs are typically covered by state, local, or federal government. Secondary cleanups include removing contaminated soil and razing contaminated buildings. Funding these jobs is often left to the landowner—and the costs can run into the millions.

California authorities reported performing 2,088 initial cleanups in 2000 at a cost of \$4.3 million; two years later the annual cost was close to \$5 million.¹³ In Oregon in a three-year period ending in fiscal year (FY)

Signs and Symptoms of Meth Use

If you suspect someone is using meth, get a professional chemical dependency assessment from a school counselor, county social service agency, or reputable treatment facility. The following symptoms can indicate meth use:

- loss of appetite—extreme, rapid weight loss
- high energy level or restlessness
- talkativeness
- sores on skin from scratching at “crank bugs”
- insomnia
- paranoia
- dry mouth
- dilated pupils
- distorted auditory and visual perceptions
- repetitive motor activity
- declining performance at school, work, or home
- damaged relationships
- stealing and borrowing money from work, home, or friends
- secretive, defensive behavior about activities and possessions
- unusual mood changes
- abrupt temper outbursts
- switching to a different peer group
- deterioration in personal appearance and hygiene
- loss of interest in usual activities, pastimes, and hobbies¹²

2005, the DEA administered 1,290 lab cleanups with a total price tag higher than \$2.6 million.¹⁴ In FY 2004, the agency administered over 10,000 state and local clandestine lab cleanups at a cost of about \$17.8 million. In Ohio alone, in 2003 and 2004, it had overseen 556 lab cleanups totaling about \$1.1 million, and the state's rate rose further in FY 2005.¹⁵

When police budgets decrease and meth labs increase, the problem of locating and dismantling the labs worsens drastically.

Increased Crime

When meth users can't afford the drug or the materials to manufacture it, they often commit crimes—from petty theft to robbery, even murder—to obtain cash for their habit. They'll do anything to get their next fix.

What drug contributes most to violent crime? In 2003, 31.6 percent of state and local law enforcement agencies nationwide said it was meth, ranking it second only to cocaine (50.1 percent). A comparable percentage—29.8—ranked meth first as a factor in property crime. Agencies in the Pacific region cited meth at higher rates: there, 86.3 percent ranked it as the top contributor to violent crime, 80.2 percent to property crime. In the West Central region, the figures were 72.6 and 73.3 percent.¹⁶ The drug of choice in Hawaii, crystal meth is currently considered the state's most significant drug threat. Per capita, Hawaii has the highest number of

meth users in the United States.¹⁷ In 2004, Honolulu police seized a total of 140 pounds of "ice" and made 708 related arrests, up from 578 the year before.¹⁸

Drug-Exposed Children Cost Millions

Drug-exposed children cost society millions of dollars annually. The total lifetime costs associated with caring for each baby prematurely exposed to drugs or alcohol range from \$750,000 to \$1.4 million in the United States. These figures take into account the hospital and medical costs for drug-exposed babies, housing costs, and outside care costs. The long-term health damage to meth-exposed children has not yet been calculated.¹⁹

The Good News: Meth Treatment Works

Treatment is one light at the end of the very dark tunnel of meth addiction: meth treatment does work, and it is a wise investment. Every dollar spent on treatment saves up to twelve dollars in health, social, and criminal justice costs.

Meth addiction *can be and has been* successfully treated. The Hazelden Foundation, a top addiction treatment center headquartered in Minnesota, compared recovering meth users with those recovering from other drug addiction. One year after residential treatment at Hazelden, all had similar rates of continuous abstinence and satisfaction with health and psychosocial functioning.²⁰

The National Institute on Drug Abuse (NIDA) asserts that the most effective treatments for meth addicts are "cognitive behavioral interventions" designed to help modify a patient's thinking, expectations, and behaviors, and to improve life coping skills. Effective treatment addresses medical,

People do recover. People do mend.

psychological, legal, social, and vocational issues. As is true for all chemical dependency treatment, meth treatment works best when followed by mutual-support-group participation (such as Crystal Meth Anonymous, Narcotics Anonymous, or Alcoholics Anonymous) and a sober living environment.

The four components critical to recovery are

- intervention
- detox (getting off the drug)
- treatment (learning to live without drugs)
- continuing care (supported sober living)

Addicts Lack Access to Meth Treatment

Unfortunately, addiction treatment is not as accessible as it should be. By some estimates, up to two-thirds of those who need substance abuse treatment do not receive it. One reason: treatment is often not fully covered by health insurance.

Treatment accessibility is a particular problem for meth addicts, many of whom have lost their jobs, their assets, their homes, their families, their freedom, their health, and their health insurance. More than half of meth addicts who seek treatment go because the criminal justice system sends them. Many states have made advances by offering treatment in correctional settings, followed by up to a year of highly structured, supervised community living. As Carol Falkowski, director of research communications at Hazelden, points out, jail is not treatment. She says research finds that in the absence of treatment, short periods of abstinence—such as jail or detox—do little to change behavior and support recovery. If meth addicts who are serving long prison terms receive no formal addiction treatment, nothing has been done to address their addiction. Once released, their long-term prognosis is poor, says Falkowski.²¹



“When I talk to people about meth treatment, the most important point I want to make is that addiction is not about meth or cocaine or beer or heroin. It’s about the addict. My biggest fear is that the masses will start believing the fearmongers who want them to believe meth is so different from other drugs that people who are addicted to it can’t be successfully treated the same way other addicts are treated. Addiction is not about drugs; it’s about people. We don’t treat meth addicts or heroin addicts. We treat individuals, all of whom have their own story to tell and their own very unique set of circumstances to face.”

— Jim Atkins, Director of Admissions, Hazelden

According to Jim Atkins, Hazelden's director of admissions, intervention can be an effective means for getting meth addicts to treatment, but it is foolish to attempt a formal intervention (one in which you have qualified people assisting you) while the user is under the influence of meth or in a psychotic state from sleep deprivation and paranoia. The most successful interventions are conducted when meth abusers are coming down from a "meth binge."

The bottom-line message is that treatment works, and it is a cost-effective and wise investment in our communities.

Treatment Models

Throughout the country, many effective treatment approaches are available for alcoholics and addicts, including meth addicts. Some of these approaches include cognitive behavioral therapy, motivational enhancement therapy (motivational interviewing), and Twelve Step facilitation. These three approaches have been proven to offer effective treatment for addicted people.

The two models described below offer integrated treatment approaches that are effective for meth addiction as well as for other chemical dependencies.

The Hazelden Model

Hazelden has consistently found a multidisciplinary approach that integrates the Twelve Steps as a fundamental guide to be the most effective mode of treatment for alcohol and other drug dependence, both in outpatient and in residential treatment settings.

The Hazelden treatment model includes

- the Twelve Step philosophy

- a focus on a biopsychosocial disease concept
- an interdisciplinary team of professionals consisting of certified counselors, licensed psychologists and psychiatrists, medical personnel, wellness and recreational specialists, and spiritual care professionals
- individualized assessment and treatment plans
- individual and group therapies
- cognitive behavioral and motivational enhancement approaches
- patient education
- family education and involvement

The Matrix Model

The Matrix Model is a sixteen-week, intensive outpatient program approach that is especially effective for meth addicts. Developed at California's Matrix Institute on Addictions, the comprehensive Matrix curriculum has been recognized by NIDA for its scientific basis and successful outcomes. It includes the following components:

- cognitive behavioral and motivational enhancements
- couples and family therapy
- relapse prevention
- individual supportive and expressive psychotherapy and psychoeducation
- Twelve Step facilitation
- group therapy and social support

The Matrix Model curriculum is available through Hazelden Publishing and Educational Services at 800-328-9000.

Meth Myths

1. **MYTH:** People are addicted to meth after only one use.

FACT: Not all users are addicted after one use. But meth is extremely addictive in a short amount of time because it drastically and quickly enhances the user's mood. When a person uses meth, high levels of the neurotransmitter dopamine are released into the brain. With each subsequent use, the body's natural supply of dopamine is reduced, leaving users feeling "flat" and depressed. To feel better, they seek another "hit" from the drug. In contrast to cocaine, which is quickly removed and almost completely metabolized in the body, meth gives users a longer-lasting high and a larger percentage of the drug remains in the body. This results in meth being present in the brain longer, which ultimately can lead to higher rates of addiction.

2. **MYTH:** Meth is less dangerous than other drugs.

FACT: Meth is made from things like battery acid, drain cleaner, lye, antifreeze, and other toxic ingredients, so there is a greater chance of users suffering a heart attack, stroke, or serious brain damage than with some other drugs. Meth labs destroy the environment when toxic lab by-products are dumped into soil or drains. Children exposed to meth labs are often neglected, and they pick up meth toxins through their skin.

3. **MYTH:** Meth is just the latest "fad" drug. Its appeal will eventually fade.

FACT: Meth is accessible—it's often cheaper to buy and longer-lasting than cocaine, and it can be made from household items. This is why a July 2005 report by the National Association of Counties called it our nation's most serious drug problem. It is difficult to predict whether meth use



Find a Treatment Center

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created an online substance abuse treatment facility locator—a searchable database of more than 11,000 U.S. addiction treatment programs that treat alcohol and other drug abuse problems. To find the nearest facility to you, go to www.findtreatment.samhsa.gov.

will eventually fade. In the meantime, it is devastating lives and communities.

4. **MYTH:** Meth is the greatest danger to communities in states like California, where large amounts of meth are produced.

FACT: While it's true that the "super labs" in California produce much of the meth trafficked illegally in the United States (some labs can now make 100 pounds or more per production cycle), in 2004, more labs were reported in Illinois (1,129) than in California (785). Meth currently stands out as the greatest drug threat in Hawaii, where treatment facility admissions for meth more than tripled from 1993 to 2000.

5. **MYTH:** Meth-related crime is more prevalent in large cities than in small communities.

FACT: Meth-related crime reported in rural communities is significant. For example, the Minnesota Department of Corrections reports that compared to other criminal offenses (which tend to be concentrated in large urban areas) meth has been largely a rural phenomenon with 72 percent of the meth offenders incarcerated outside metro counties. This rural overrepresentation is even greater for those convicted for the manufacture and sale of meth, with 87 percent of these offenders coming from outside metro areas.

6. **MYTH:** Meth labs cannot be easily moved.

FACT: Meth labs can be easily dismantled, stored, or moved. This portability often helps meth manufacturers avoid detection

by law enforcement officials. Meth labs have been found in many types of locations, including apartments, hotel rooms, rented storage spaces, and vans and trucks. Some meth labs have been booby-trapped and lab operators are often well-armed.

7. **MYTH:** Meth only hurts the people who use the drug.

FACT: Meth use costs everyone. Many cases of domestic violence are meth related. Children living in meth houses are often abused and neglected and test positive for meth (ingested through their skin). Property values decline and criminal activity escalates when a meth lab comes into a neighborhood. Every pound of meth leaves behind about six pounds of toxic waste that hurts the environment.

8. **MYTH:** Hardworking everyday people don't use meth.

FACT: Any type of person can be a meth user. Research shows wide diversity in meth users, including honor roll students, housewives, accountants, mothers, and blue-collar workers. Many people start using meth to have greater energy to produce more at work, at home, or at school. These are people you wouldn't ordinarily expect to be involved with drugs. They don't understand the dangerous consequences of meth use.

9. **MYTH:** Treatment doesn't work for meth addicts.

FACT: Contrary to what you may have heard, meth treatment does work, and it is a wise investment. Every dollar spent on treatment is estimated to save up to

twelve dollars in averted health, social, and criminal justice costs. One cost analysis study by the Chevron Corporation in the mid-1990s found that its drug-free workplace program (one that encouraged access to addiction treatment) saved ten dollars for every dollar spent on treatment because of reduced health care costs, increased productivity, and retention of valued employees.

10. **MYTH:** Women don't use meth.

FACT: Research indicates that while women make up less than one-third of the people who abuse most drugs, women's meth use is almost equal with men's meth use.

Source: The Treatment Episode Data Set

Notes

1. National Association of Counties, "The Meth Epidemic in America," survey report available at www.naco.org. The surveys were conducted by Research, Inc., of Washington, D.C. "The Criminal Effect of Meth on Communities" survey included results from 500 counties in 45 states, and "The Impact of Meth on Children" was based on results from 303 counties in all 13 states where child welfare activities are performed at the county level.

2. ABC News report, "Portrait of a Young Meth Addict: Teen Talks about Spiraling into Drug Addiction and Recovery," Nov. 2, 2005.

3. "Total of Clandestine Laboratory Incidents . . . 2004," map based on figures reported by the National Clandestine Laboratory Database to the DEA's El Paso Intelligence Center (EPIC). EPIC is a collaborative effort of more than fifteen federal and state agencies concerned with tracking drug movement and immigration.

4. Office of National Drug Control Policy, "Methamphetamine Laboratories Seized . . . 2003," in *National Synthetic Drugs Action Plan*, "Nature of the Problem," p. 10, available at www.whitehouse.gov/publications/national_synth_drugs/nature_of_the_problem.pdf.

5. Cited by State of Tennessee's Department of Children's Services in *Resource Data on Methamphetamine* report, p. 4, available at www.state.tn.us/youth/policies/Chapter%2014%20Child%20Protective%20Services/Resource%20Data%20on%20Methamphetamines.pdf.

6. Office of National Drug Control Policy, "Drug Endangered Children," 2003 data reported to EPIC and cited under "Prevalence" at www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html.

7. Substance Abuse and Mental Health Services Administration, *Results from the 2004 National Survey on Drug Use and Health: National Findings*, DHHS Publication No. SMA 05-4062, NSDUH Series H-28 (Rockville, MD: SAMHSA, 2005).

8. Ibid.

9. Colorado Department of Public Health and Environment, Alcohol and Drug Abuse Division, as reported by the *Craig [Colorado] Daily Press*, May 11, 2004, available at www.craigdailypress.com/section/darkcrystal/story/11974.

10. National Institute on Drug Abuse, "NIDA Info Facts: Methamphetamine," available at www.nida.nih.gov/Infofacts/methamphetamine.html.

11. National Institute on Drug Abuse, *Monitoring the Future: National Results on Adolescent Drug Use 2004*, available at www.monitoringthefuture.org.

12. National Institute on Drug Abuse sources and Carol L. Falkowski, *Dangerous Drugs: An Easy-to-Use Reference for Parents and Professionals*, 2nd ed. (Center City, MN: Hazelden, 2003).

13. U.S. Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment 2004* (Johnstown, PA: NDIC, April 2004), p. 18, available at www.usdoj.gov/ndic/pubs8/8731/meth.htm.

14. U.S. Drug Enforcement Administration Congressional Testimony, "Stopping the Methamphetamine Epidemic: Lessons from the Pacific Northwest," Oct. 14, 2005, before the House Government Reform Committee, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, available at www.dea.gov/pubs/cngrtest/ct101405.html.

15. U.S. Drug Enforcement Administration Congressional Testimony, "Law Enforcement and the Fight Against Methamphetamine: Improving Federal, State and Local Efforts," Aug. 23, 2005, before the House Government Reform Committee, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, available at www.usdoj.gov/dea/pubs/cngrtest/ct082305.html.

16. U.S. Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment 2004* (Johnstown, PA: NDIC, April 2004), available at www.usdoj.gov/ndic/pubs8/8731/meth.htm.

17. U.S. Census Bureau, "American Community Survey 2003 Data Profile, Hawaii," available at www.census.gov/acs/www/Products/Profiles/Single/2003/ACS/Tabular/040/04000US151.htm.

18. "Ice arrests hit 3-year high," *Honolulu Advertiser*, Feb. 22, 2005, available at <http://the.honoluluadvertiser.com/article/2005/Feb/22/ln/ln02p.html>.

19. U.S. Drug Enforcement Administration, "Costs to Society," available at DEA's "Street Smart Prevention" Web site, www.justthinktwice.com/costs/DrugEndangeredChildren.cfm.

20. "Meth: A Dangerous, Addictive Drug Sweeps the Nation," Hazelden "Alive and Free" column, Jan. 24, 2005, available at www.hazelden.org/servlet/hazelden/cms/ptt/hazl_alive_and_free.html?sh=t&sf=t&page_id=29556.

21. Carol L. Falkowski, in "Methamphetamine Across America: Misconceptions, Realities and Solutions," *Spectrum: The Journal of State Government* 77, no. 4 (2004), pp. 30–32, and in *Dangerous Drugs: An Easy-to-Use Reference for Parents and Professionals*, 2nd ed. (Center City, MN: Hazelden, 2003).